Town of China Grove

333 N Main Street China Grove, NC 28023 (704) 857-2466 Fax (704) 855-1855

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs)."

PERSONAL INFO				DOD			
	Date	DOB Social Security Number					
			,				
NAMELas	st	First		Middle			
PRESENT ADDRESS							
	Street	City		State	Zip		
PERMANENT ADDR	ESS	G*:		G			
	Street	City		State	Zip		
PHONE NO		ARE YOU 18 Y	EARS OR OLDER	? YES	_ NO		
	ED FROM LAWFULLY BECC FUS? YESNO _		D IN THIS COUNT	RY BECAUSE C	F VISA OR		
EMPLOYMENT D	ESIRED			g 47 + 75			
POSITION		DATE YOU CANSTART		SALARY DESIRED			
		IF SO M	AY WE INQUIRE				
ARE YOU EMPLOYE	ED NOW?	OF YOU	IR PRESENT EMPI	LOYER?			
EVER APPLIED TO T	THIS COMPANY BEFORE?	WHERE	2?	WHEN?			
REFERRED BY:							
EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. IF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECT	S STUDIED		
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS,							
OR CORRESPONDENCE							
SCHOOL							
GENERAL							
SUBJECTS OF SPECI	AL STUDY OR RESEARCH V	WORK					
SPECIAL SKILLS							
ACTIVITIES: (CIVIC ATH	FTIC FTC)						
EXCLUDE ORGANIZATIONS, THE N	AME OF WHICH INDICATES THE READE, CREED,	SEX, AFE, MARITAL STATUS, C	OLOR OR NATION OF ORIGIN PRESENT MEMB	EDGIID DI			
US MILITARY OR							

AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEDC ON JULY 26, 1991.

DATE MONTH AND YEAR	NAME	AND ADDRESS OF EMPLOYER	SALAR	RΥ	POSITION	REASON FOR LEAVING
FROM						
ТО						
FROM						
то						
FROM						
ТО						
FROM	-					
то						
WHICH OF THESE JOBS	DID YO	U LIKE BEST?				
WHAT DID YOU LIKE M	IOST AB	OUT THIS JOB?				
REFERENCES: GIVE THE	E NAMES OF	THREE PERSONS NOT RELATED TO YOU,	WHOM YOU H	IAVEN	KNOWN AT LEAST ONE	YEAR
NAME	NAME			PHONE NUMBER		YEARS ACQUAINTED
1						
2						
3						
			SIGNATUI	DE O	E ADDI ICANT	
IN CASE OF			SIGNATU	RE O	F APPLICANT	
IN CASE OF EMERGENCY NOTIFY:		ıme	SIGNATUI	RE O	F APPLICANT	Phone No.
EMERGENCY NOTIFY: "I certify that all the informa	Na ution subm	nitted by me on this application is to	Address	nplete	, and I understand	that if any false information,
"I certify that all the informa omissions, or misrepresentation time.	Na ation subm ns are disc	nitted by me on this application is to covered, my application may be reject	Address rue and con ed and, if I a	nplete am en	, and I understand apployed, my employr	that if any false information, nent will be terminated at any
"I certify that all the informa omissions, or misrepresentation time. In consideration of my employ can be terminated with or with	Na ation subm ns are disc yment, I ag nout cause	nitted by me on this application is to	Address rue and con ed and, if I a and regulatio me, at eithe	mplete am en ons, a	, and I understand apployed, my employed my employed of I agree that my error the Town's option	that if any false information, nent will be terminated at any imployment and compensation in I also understand and agree
"I certify that all the informa omissions, or misrepresentation time. In consideration of my employ can be terminated with or with that the terms and conditions of	Nation submins are discovered to the	nitted by me on this application is to covered, my application may be reject gree to conform to the Town's rules a s, and with or without notice, at any to doyment may be changed, with or without any ag	Address rue and coned and, if I and regulation me, at eithe thout cause,	mplete am en ons, a er my	, and I understand apployed, my employr and I agree that my en or the Town's option with or without notice.	that if any false information, nent will be terminated at any imployment and compensation in I also understand and agree ie, at any time by the Town. I
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